

Worksheet for line 6 on page 1 of claim form. This must be completed.

2009 TOTAL YEARLY HOUSEHOLD INCOME: Total household income includes the income of the claimant, the claimant's spouse (if living together), rental assistance and any money received from persons living with the claimant. Fill in the yearly total for each amount that you received in 2009.

Use Whole Dollars Only

A. Wages, salaries, tips, etc. _____	<input type="text"/>	,	.
B. Rent and utilities assistance. _____	<input type="text"/>	,	.
C. Title 19 Benefits for housing only. See instructions. _____	<input type="text"/>	,	.
D. Social Security income (retirement or disability). _____	<input type="text"/>	,	.
E. Disability income (SSI, VA, or Railroad). _____	<input type="text"/>	,	.
F. All pensions and annuities. _____	<input type="text"/>	,	.
G. Interest and dividend income. _____	<input type="text"/>	,	.
H. Profit from business and/or farming and capital gain. See instructions. _____	<input type="text"/>	,	.
I. Actual money received from others living with you. See instructions. _____	<input type="text"/>	,	.
J. Other Income (child support, alimony, welfare payments). See instructions. _____	<input type="text"/>	,	.
K. ADD amounts on lines A - J. Enter here and on line 6, page 1. _____	<input type="text"/>	,	.

This is your total household income. If it is over \$20,426.99, STOP. You do not qualify.

Reimbursement Rate Table for Line 11, Page 1

If your total household income from line K above is:

\$ 0.00	-	\$10,522.99	.....	enter 1.00 on line 11, page 1
\$10,523	-	\$11,760.99	.....	enter 0.85 on line 11, page 1
\$11,761	-	\$12,998.99	.....	enter 0.70 on line 11, page 1
\$12,999	-	\$15,474.99	.....	enter 0.50 on line 11, page 1
\$15,475	-	\$17,950.99	.....	enter 0.35 on line 11, page 1
\$17,951	-	\$20,426.99	.....	enter 0.25 on line 11, page 1
\$20,427 or greater			.....	no reimbursement allowed

For assistance in completing this form, call 1-800-367-3388 or 515-281-3114.

Questions on refund check status?

Call 1-800-572-3944 or 515-281-4966.

You must provide claimant's Social Security Number and date of birth when calling.

Mail this form to:

Iowa Department of Revenue
 Rent Reimbursement Processing
 PO Box 10459
 Des Moines IA 50306-0459